

Audits - Northern Region 1600 9th Street, Sacramento, CA 95814 (916) 445-1557, FAX (916) 445-1588

February 6, 2008

Bradford Luz, Ph.D., Director Butte County Behavioral Health 107 Parmac Road, Suite 4 Chico, CA 95626

Dear Dr. Luz:

AUDIT REPORT - BUTTE COUNTY BEHAVIORAL HEALTH

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Butte County Behavioral Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs, and Administrative Costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	As Settled	As Revised	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$10,824,494	\$10,459,412	\$ (365,082)
Federal Share of Healthy Families/Medi-Cal	\$ 268,031	\$ 249,646	\$ (18,385)
State General Funds EPSDT Due State	\$ 4,847,742	\$ 4,563,326	\$ (284,416)

Bradford Luz, Ph.D., Director February 6, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

CHUKWUEMEKA OKEMIRI, CPA Audits Supervisor, Northern Region

WALTER J. HÍLL, JR., MBA, EA

Chief of Audits

Enclosures

CERTIFIED MAIL

BUTTE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL		_	As Settled	Audit Adjustments	As Audited
PROGRAM COSTS					
COUNTY - FFP					
MEDI-CAL - FFP	(Sch. 2a)	\$	9,543,234 \$	(411,946) \$	9,131,288
HEALTHY FAMILIES - FFP	(Sch. 2a)	_	<u>256,730</u>	(18,342)	238,388
TOTAL FFP - COUNTY PROVIDER		\$_	9,799,964	(430,288) \$	9,369,676
CONTRACT PROVIDERS - FFP					
MEDI-CAL - FFP	(Sch. 3b)	\$	1,281,260 \$	46,864 \$	1,328,124
HEALTHY FAMILIES - FFP	(Sch. 3b)		11,301	_ (43)	11,258
TOTAL FFP - CONTRACT PROVIDER		s <u>_</u>	1,292,561	46,821 \$	1,339,382
TOTAL FFP - COUNTY PLUS CONTRACT F	PROVIDERS				
MEDI-CAL - FFP		\$	10,824,494	(365,082) \$	10,459,412
HEALTHY FAMILIES - FFP			268,031	(18,385)	249,646
TOTAL FFP - CONTRACT PROVIDER		\$ _	11,092,525	(383,467) \$	10,709,058
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch. 4)	\$ _	4,847,742	(284,416) \$	4,563,326

BUTTE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

						Audit	
			_	As Settled		Adjustments	As Audited
Tot	al Medi-Cal Gross Reimbursement						
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0 \$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		16,181,817		(1,121,207)	15,060,610
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		90,556		(7,065)	83,491
5 .	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		3,704		(272)	3,432
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		_253,867	_	77,013	330,880
9.	Total		\$ <u></u>	16,529,944	\$ _	(1,051,532) \$	15,478,412
Les	s: Patient & Other Payor Revenues						
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		69,383		0	69,383
12	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
16	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	0
18	Total		\$ _	69,383	\$ _	0 \$	69,383
Me	di-Cal Net Reimbursement for Direct Services						
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0 \$	0
20	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		16,202,990		(1,128,272)	15,074,718
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		3,704		(272)	3,432
23	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0	0
24	Healthy Families-O/P	(Ln 8 - Ln 17)		253,867		77,013	330,880
25.	Total		\$=	16,460,561	\$ _	(1,051,532) \$	15,409,029
Me	di-Cal MAA Reimbursement						
26.	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	0
27.	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		896		3,815	4,711
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0	0
	Total	, ,	\$ -	896	\$	3,815 \$	4,711

BUTTE COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit	
		_	As Settled		Adjustments	As Audited
Amount Negotiated Rates Exceed Cost						
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 5	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	. <u>-</u>	0	0
36. Total		\$ <u></u>	0	· \$ _	0	00
Medi-Cal Administrative Reimbursement						
37 Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	2,871,091	\$_	(157,301)	<u>2,713,790</u>
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	2,250,882	\$	352,216	2,603,098
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	s	2,250,882	\$ <u>_</u>	352,216	2,603,098
Healthy Families Administrative Reimbursement						
40. Healthy Families Administrative Reimbursement I	Limit (MH1979, Ln 8)	\$	37,323	\$	(2,508) 5	34,815
41. Healthy Families Administration	(MH1979, Ln 9)	\$	39,358	· s -	(655)	38,703
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	37,323	\$_	(2,508)	34,815
Utilization Review Reimbursement						
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	68,996	\$	(1,643) \$	67,353
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	===	13,174	-	(315)	
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	s	8,296,057	s	(583,599) \$	7,712,458
46. Enhanced (Children)	(MH1979, Ln 17,17A)	•	59,250	-	(4,701)	54,549
47. Enhanced (Refugees)	(MH1979, Ln 18)		3,704		(272)	3,432
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	448		1,908	2,356
49. Administrative Reimbursement	(MH1979, Ln 6)	-,	1,125,441		176,108	1,301,549
50. U.R. Skilled Professional	(MH1979, Ln 14)		51,747		(1,232)	50,515
51. U.R. Other	(MH1979, Ln 15)		6,587		(158)	6,430
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	0
53. Subtotal- FFP	(· · · · · · · · · · · · · · · · · · ·	\$ <u></u>	9,543,234	. . .	(411,946)	9,131,288
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 9	5 0
55. Quality Assurance Review Results	(Adj #)	_		· _	0	0
56. Total SD/MC Reimbursement - FFP		\$	9,543,234	\$	(411,946)	9,131,288
Net Healthy Families Reimbursement - FFP				: =		
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	s	232,376	e	(16,704) \$	215,672
58 Negotiated Rate Exceed Costs	(MH1979, Ln 26)	J	232,376		0	0
59. Administrative Reimbursement	(MH1979, Ln 10)		24,354		(1,637)	22,717
60. Total Healthy Families Reimbursement - FFP	(MIII)///, Ell 10)	s —	256,730	\$	(18,342) \$	
,		_		=		
61. Total - FFP (Ln 56 + Ln 60)		s <u> </u>	9,799,964	· \$ =	(430,288)	
						(To Sch. 1)

SCHEDULE 3

BUTTE SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	(3)	(4)		(5)	Ģ	(6)	(7)	(8)		(9)	(10)
		Regular M/Cal	Enhanced -	Enhanced -	Total		Healthy		Regular M/Cal	Enhanced -	Enhance	d -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Co	st	Families		and Crossover	Children	Refuge	es	Gross Cost	Families
Entity		Gross Cost	Gross Cost	Gross Cost	(Excl. HF	P)	Gross Cost		Gross Cost	Gross Cost	Gross C	ost	(Excl. HFP)	Gross Cost
Number	Legal Entity		N P	ATE	N I			Г		O U Y	PA	T 1	E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col 1 to	3)	(MH 1968,	_	(MH 1968,	(MH 1968,	(MH 196	8,	(Col 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)			Ln 27, 27A)		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00120	FAMILIES FIRST INC	\$ 0 \$	0 \$	0 \$		0 \$	0 1	\$	8,450 \$	0	s	0 \$	8.450	\$ 0
00239	OROVILLE DAY TREATMENT	\$ 0 \$	0 \$	0 \$		0 \$	0 9	\$	41,939 \$	0	\$	0 \$	41,939	\$ 0
00484	NORTH VALLEY SCHOOLS -	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	16,740 \$	19,416	\$	0 \$	36,156	\$ 0
00529	WILLOW GLEN CARE CENTE	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	36,256 \$		\$	0 \$	36,256	\$ 0
00628	NORTHERN VALLEY CATHOL	\$ 0 \$	0 \$	0 \$		0 \$	0 9	\$	421,628 \$	12,379	\$	0 \$	434,007	\$ 0
00705	YOUTH FOR CHANGE	\$ 0 \$	0 \$	0 \$		0 \$	0 5	\$	627,717 \$	2,357	\$	0 \$	630,074	\$ 15,139
00804	SACRAMENTO VALLEY FAMI	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	310,861 \$	5,980	\$	0 \$	316,841	
00861	NORTH VALLEY PARENT ED	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	358,381 \$	358	\$	0 \$	358,739	s 695
00900	COUNSELING SOLUTIONS	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	161,027 \$	86	\$	0 \$	161,113	\$ 0
00901	FEATHER RIVER TRIBAL H	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	152,012 \$		\$	0 \$	152,012	S 0
01042	VICTOR COMMUNITY SUPPO	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	382,738 \$		\$	0 \$	382,738	
01122	VALLEY OAK CHILDREN'S	\$ 0 \$	0 \$	0 \$		0 \$	0 \$	\$	5,415 \$	555	\$	0 \$	5,970	\$ D



SCHEDULE 3a

BUTTE SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		:	(11)	(12)		(13)		(14)	100	(15)	gav.	(16)		(17)	(18)	Vár.	(19)
			Total	Healthy		Total		Healthy		Total				Total			Total
Legal			Revenue	Families		Revenue		Families		Net Cost		Net Cost		Net Cost	Net Cost		MAA
Entity		_	(Excl. HFP)	Revenue	_	(Excl. HFP)		Revenue	_	(Excl. HFP)		Healthy Families	_	(Excl. HFP)	Healthy Families		FFP
<u>Number</u>	Legal Entity	1	JNPA	TIENT		OUTP	A T	IENT	1	INPA	T	LENT		OUTPA	TIENT	Rei	imbursement
			(MH 1968,	(MH 1968,		(MH 1968,		(MH 1968,		(Col 4-11)		(Col 5-12)		(Col 9-13)	(Col 10-14)		(MH 1979,
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)		Ln 31)									Ln 11-13)
00120	FAMILIES FIRST INC	\$	0	\$ 0	\$	0	\$	٥	\$	0 :	\$	0	\$	8,450 \$	0 \$	5	0
00239	OROVILLE DAY TREATMENT	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	41,939 \$	0 \$	•	0
00484	NORTH VALLEY SCHOOLS -	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	36,156 \$	0 \$	5	0
00529	WILLOW GLEN CARE CENTE	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	36,256 \$	0 \$	\$	0
00628	NORTHERN VALLEY CATHOL	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	434,007 \$	0 \$;	0
00705	YOUTH FOR CHANGE	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	630,074 \$	15,139	5	٥
00804	SACRAMENTO VALLEY FAMI	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	316,841 \$	1,436 \$	•	0
00861	NORTH VALLEY PARENT ED	\$	0	\$ 0	\$	0	\$	٥	\$	0 :	\$	0	\$	358,739 \$	695 \$;	0
00900	COUNSELING SOLUTIONS	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	161,113 \$	0 9	5	0
00901	FEATHER RIVER TRIBAL H	\$	0	\$ 0	\$	0	\$	٥	\$	0 :	\$	0	\$	152,012 \$	0 9	\$	0
01042	VICTOR COMMUNITY SUPPO	\$	٥	\$ 0	\$	0	\$	0	\$	0 :	\$	٥	\$	382,738 \$	0 9	6	0
01122	VALLEY OAK CHILDREN'S	\$	0	\$ 0	\$	0	\$	0	\$	0 :	\$	0	\$	5,970 \$	0 \$	5	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 17,270 \$ 0

SCHEDULE 3b

BUTTE SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity <u>Number</u>	<u>Legal Entity</u>	``.	(20) Neg. Rates Exceed Costs (Excl. HFP) I.N. P.A. (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families T. E. N. T. (MH 1968, Ln 40, 40A)		(22) Neg. Rates Exceed Costs (Excl. HFP) O. U. T. P. (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families A. T. I. E. N. T. (MH 1968, Ln 40, 40A)	(3)] .	Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	 (25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	Total Reimbursement (FFP) (Col. 24 + 25)		(27) FFP Contract Maximum	:· - <u>-</u>	(28) Lower of FFP or Contract Maximum
00120	FAMILIES FIRST INC	\$	0 \$. 0	\$	0 :	\$ 0	\$	4,343	\$ 0 \$	4,343	\$		5	4,343
00239	OROVILLE DAY TREATMENT	\$	0 \$	0	\$	0 :	\$ 0	\$	21,506	\$ 0 \$	21,506	\$		\$	21,506
00484	NORTH VALLEY SCHOOLS -	\$	0 \$	0	\$	0 :	S 0	\$	32,429	\$ 0 \$	32,429	\$		\$	32,429
00529	WILLOW GLEN CARE CENTE	\$	0 \$. 0	\$	0 :	\$ 0	5	12,832	\$ 0 \$	12.832	5		\$	12,832
00628	NORTHERN VALLEY CATHOL	\$	0 \$	0	\$	0 :	\$ 0	\$	224,673	\$ 0 \$	224,673	\$		\$	224,673
00705	YOUTH FOR CHANGE	\$	0 \$	0	\$	0 :	\$ 0	\$	323,670	\$ 9,873 \$	333,543	\$		\$	333,543
00804	SACRAMENTO VALLEY FAMI	\$	0 \$	0	5	0 :	S 0	\$	165,471	\$ 933 \$	166,404	\$		\$	166,404
00861	NORTH VALLEY PARENT ED	\$	0 \$. 0	\$	0 :	\$ 0	\$	184,435	\$ 452 \$	184,887	\$		\$	184,887
00900	COUNSELING SOLUTIONS	\$	0 \$	0	\$	0 :	\$ 0	\$	80,346	\$ 0 \$	80,346	\$		\$	80,346
00901	FEATHER RIVER TRIBAL H	\$	0 \$	0	\$	0 :	\$ 0	\$	78,256	\$ 0 \$	78,256	\$		\$	78,256
01042	VICTOR COMMUNITY SUPPO	\$	0 \$	0	5	0 :	\$ 0	\$	196,890	\$ 0 \$	196,890	\$		\$	196,890
01122	VALLEY OAK CHILDREN'S	\$	0 \$	0	\$	0 :	S 0	\$	3,273	\$ 0 \$	3,273	5		\$	3,273

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 1,328,124 \$ 11,258 \$ 1,339,382 \$ 0 \$ 1,339,382

(To Sch 1)

BUTTE

COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	18,678,931	(1,036,486)	17,642,445
(2) Total SD/MC Claims	19,637,191	0	19,637,191
(3) Percent % (Line 1/Line 2)	95.12%	-5.28%	89.84%
(4) EPSDT Claims	11,280,179	0	11,280,179
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	10,729,706	(595,368)	10,134,338
(6) Cost Settled Baseline for EPSDT	629,446	0	629,446
(7) Net Cost Settlement Amount (Line 5 - Line 6)	10,100,260	(595,368)	9,504,892
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	.4,904,686	(289,111)	4,615,576
(8a) FY 2001-02 EPSDT settlement	4,335,248	(242,171)	4,093,077
(8b) Annual Local Growth (L. 8 - 8a)	569,438	(46,939)	522,499
(9) County Match 10% of Local Growth (8b x 10%)	56,944	(4,694)	52,250
(10) Net cost settlement amount (L. 8 - 9)	4,847,742	(284,416)	4,563,326
(9) SGF Distribution (Settled and Audited)	4,847,742	0	4,847,742
(10) SGF Due (State)	0	(284,416)	(284,416) (To Sch. 1)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (13) Amount owed back to the state cannot be more than was advanced or settled.



Provide					rider Num	No. of Adj.		eriod Ended
	BUTTE COU				00004	55	June	30, 2003
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
1	MH 1960	4	C	ADJUSTMENTS TO REPORTED COSTS OTHER ADJUSTMENTS To agree with County's adjustments for Administrative and Mode Cost		\$ 5,166,563	(\$1,087,409)	\$ 4,079,154
2 3 4 Info	МН 1960 МН 1960 МН 1960 МН 1960	9 10 11 12	C 3 C C	ADJUSTMENTS TO REPORTED COSTS SD/MC ADMINISTRATION HEALTHY FAMILIES ADJINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs below.		\$ 2,250,882 39,358 510,829 \$ 2,801,069	(2,250,882) \$ (39,358) (510,829)	\$ - \$ - \$ - \$ 2,801,069 *
5	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS To agree with County's adjustments for Administrative Cost	,	** \$ 2,801,069	\$ 530,714	\$ 3,331,783 *
6 7 8	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	3 3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADJINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To allocate Total Administrative Costs between SD/MC, Healthy Families, and Non-SD/MC Administration based on the Medi-Cal recipients percentages		\$0 0 0 3,331,783	\$ 2,603,098 38,703 689,982	\$ 2,603,098 38,703 689,982 3,331,783
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				





Provider					Provider Num	No. of Adj.	Fiscal F	eriod Ended
	BUTTE COU	NTY			00004	55	June	30, 2003
	Report Refe	егепсе				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
]		ADJUSTMENTS TO REPORTED GROSS COST				
9	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$ 68,996	\$ (1,643)	\$ 67,353
10	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW		13,174	\$ (315)	12,859
11 info	MH 1960	15	3	NON-SD/MC UTILIZATION REVIEW TOTLA UTILIZATION REVIEW COSTS		8,847 91,017	\$ 1,958 0	10,805 91,017
11110		1		TIOTEA UTILIZATION REVIEW COSTS	J	91,017		91,017
!			<u> </u>	To allocate Total Utilization Review Costs between SPMP Other SD/MC Utilization Review, and Non-SD/MC Utilization Review				
		I	ľ		ì			
12	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$ 23,818,336	\$(1,618,123)	\$ 22,200,213
<u> </u>				To agree with County's adjustments for Mode Cost				
13	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)		\$ 2,277,350	\$ (216,994)	\$ 2,060,356
14	MH 1964	4	Α	DAY SERVICES (MODE 10)	Į	376,362	(352)	376,010
15	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	j	18,912,455	(1,380,066)	17,532,389
16 17	MH 1964 MH 1964	6 7	A	OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISSTRATIVE ACTIVITIES (MODE 55)	1	1,207,664 4,717	(21,419) 708	1,186,245 5,425
info	MH 1964	8	Â	SUPPORT SERVICES (MODE 60)		1,039,788	708	1,039,788
info	1011111111111	"	, ``	TOTAL		\$ 23,818,336	\$(1,618,123)	\$ 22,200,213
,			ļ	To distribute assisted Discret Conditions and the Other Od Hour Condition	[
]	To distribute revised Direct Services cost to Other 24 Hour Services, Day Services, Outpatient Servies, Outreach Services, MAA, and Support Services				
1								
			}		j		l .	
			1		}			
					j			
}	}	}	1			1		İ
)	* Balarice carried forward to subsequent adjustment.				
		1		** Balance brought forward from prior adjustment.				





Provide	r				Provider Num	No. of Adj.	Fiscal Po	eriod Ended
	BUTTE COUN	4TY		,	00004	55	June	30, 2003
Adj.	Report Refe	rence	-	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
		8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2 MEDI-CAL UNITS - 07/01/02 to 09/30/03 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report datedjANUARY 28, 2005. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.		1,800,781 5,741,368 8,372 47,324 21,679 26,873 1,998 56,634 134,697 7,839,726	53,937 47,512 (1.142) (11,215) (4,805) 4,805 - (19,873) 19,708 88,927	1,854,718 * 5,788,880 * 7,230 * 36,109 * 16,874 * 31,678 * 1,998 * 36,761 * 154,405 * 7,928,653
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		=			Provider Num	No. of Adj.	Fiscal Pe	riod Ended
	BUTTE COU	NTY			00004	55	June 3	30, 2003
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
26 27 28 29 info 30 info info 31 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase I	I.	** 1,854,718 ** 5,788,880 ** 7,230 ** 36,109 ** 16,874 ** 31,678 ** 1,998 ** 36,761 ** 154,405 ** 7,928,653	(20,309) (45,431) 1,285 4,078 - (2) - 165 (60,214)	1,834,409 * 5,743,449 * 8,515 * 40,187 * 16,874 * 31,676 * 1,998 * 36,761 * 154,570 * 7,868,439
32 33 info info info info info 34	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods. MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the Count records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets which reflect the units for the three (3) reimbursement periods.	y	1,834,409 5,743,449 8,515 40,187 16,874 11,998 11,998 11,54,570 11,968,439	(90) (144) - - - - - (165) (399)	1,834,319 5,743,305 8,515 40,187 16,874 31,676 1,998 36,761 154,405 7,868,040
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Provide					Provider Num	No. of Adj.		riod Ended
	BUTTE COUN	NTY		,	00004	55 	June 3	30, 2003
Adj.	Report Refe	rence	_ _	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				4
35 36 info info 37 38 39 40	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the as settled (MH 1966A) SD/MC units of service/time for the County's contract providers to agree with the State DMH Approved Claims Report dated January 28, 2005 Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects		310,335 1,088,505 0 0 9,631 8,313 2,039 1,293 1,420,116	7,633 14,109 - (2,938) 2,938 (1,752) 1,752 21,742	317,968 * 1,102.614 * 0 * 0 * 6,693 * 11,251 * 287 * 3,045 * 1,441,858
41 42 info info info info 43 44	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total	the units for the three (3) reimbursement periods. MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods. * Balance carried forward to subsequent adjustment.		** 317,968 ** 1,102,614 ** 0 ** 6,693 ** 11,251 ** 287 ** 3,045 1,441,858	7,617 (14,468) - - - - (260) (1,580) (8,691)	325,585 * 1.088,146 * 0 * 0 * 6,693 * 11,251 * 27 * 1,465 * 1,433,167
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				





Provide					Provider Num	1		riod Ended
	BUTTE COUN		_	r	00004	55	June 3	0, 2003
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
1	3911	<u> </u>		ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS				
45 46 info info info info 47 48	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 06/30/03 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL UNITS To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.		325,585 1,088,146 1,088,146 1,088,146 1,088,146 1,1,251 1,251 1,465 1,433,167	(10,575) 2,969 - - - - - 260 1,580 (5,766)	315,010 1,091,115 0 0 6,693 11,251 287 3,045 1,427,401
49	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03 To incorporate the Quality Assurance Review results for Lagel Entity # 705 (report dated July 8, 2004 TBS Units Recoupment).		** 1,091,115	(640)	1,090,475
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider	BUTTE COU	utv			Provider Num	No. of Adj. 55		eriod Ended 30, 2003
	Report Refe				#IXE1 :			
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT			-	
50	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB		2,864,528	79,871	2,944,399
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursemer as a result of adjustments to the contract providers SD/MC units of service/time.	nt			
51 52	MH 1979 MH 1979	21 27	j	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY TOTAL REIMBURSEMENT - COUNTY		\$ 9,543,234 \$ 256,730 9,799,964	\$ (411,946) \$ (18,342) (430,288)	\$ 9,131,288 \$ 238,388 9,369,676
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.				
53 54	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		1,281,260 11,301 1,292,561	\$ 46,864 \$ (43) 46,821	1,328,124 * 11,258 * 1,339,382
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.				
55	Sch. 4	8	3	TOTAL EPSDT SGF		\$ 4,847,742	\$ (284,416)	\$ 4,563,326
				To adjust the State General Fund share of EPSDT as a result of adjustmer to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provide cost reports.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				19

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: BUTTE County Code: 04

	Legal Entity: BUTTE COUNTY	Α	В	С
Lec	al Entity Number: 00004	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	18,319,484	10,566,404	28,885,888
2	Encumbrances		2,700,242	2,700,242
3	Less: Payments to Contract Providers (County Only)		(10,095,926)	(10,095,926)
4	Other Adjustments (Provide Detail)	(115,070)	4,194,224	4,079,154
5	Total Costs Before Medi-Cal Adjustments	18,204,414	7,364,944	25,569,358
6	Medi-Cal Adjustments from MH 1961			53,655
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			25,623,013
	Administrative Costs (County Only)			
9	SD/MC Administration			2,603,098
10	Healthy Families Administration			38,703
11	Non-SD/MC Administration			689,982
12	Total Administrative Costs			3,331,783
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			67,353
14	Other SD/MC Utilization Review			12,859
15	Non-SD/MC Utilization Review			10,805
16	Total Utilization Review Costs			91,017
17	Research and Evaluation (County Only)			
<u> </u>	 			
18	Mode Costs (Direct Service and MAA)			22,200,213
19	Total Costs - Lines 9 through 18			25,623,013

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: BUTTE County Code: 04

	Legal Entity: BUTTE COUNTY	Α	В	C
Le	gal Entity Number: 00004	Salaries		Total
		and Benefits	Other	Adjustments
1	Depreciation of equipment purchased in FY94-95		292	292
2	Depreciation of equipment purchased in FY95-96		1,596	1,596
3	Depreciation of equipment purchased in FY96-97		763	763
4	Depreciation of equipment purchased in FY97-98		5,605	5,605
5	Depreciation of equipment purchased in FY98-99		11,466	11,466
6	Depreciation of equipment purchased in FY99-00		33,966	33,966
7_	Depreciation of equipment purchased in FY00-01		41,626	41,626
8	Depreciation of equipment purchased in FY01-02		21,700	21,700
9	Depreciation of equipment purchased in FY02-03		2,655	2,655
10	Equipment purchased during FY02-03		(66,014)	(66,014)
11				
12				
13				
14				
15	:			
16				
17				
18				
19				
20	Total Adjustments		53,655	53,655

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: BUTTE County Code: 04

	Legal Entity: BUTTE COUNTY	A
Le	gal Entity Number: 00004	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	22,200,213
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	2,060,356
4	Day Services (Mode 10)	376,010
5	Outpatient Services (Mode 15 Program 1 + Program 2)	17,532,389
6	Outreach Services (Mode 45)	1,186,245
7	Medi-Cal Administrative Activities (Mode 55)	5,425
8	Support Services (Mode 60)	1,039,788
9	Total - Lines 2 through 8	22,200,213

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: BUTTE

	County Code: 04			CR	CR				
	Legal Entity: BUTTE COUNTY		Α	В	С	D	E	F	G
Leç	al Entity Number: 00004			Service	Service	Service	Service	Service	Service
-	Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
_	Allocation Descentage		100.000	20	21	 			
2-	Allocation Percentage Total Units		100.00%	91.44% 4,905	8.56% 4.905	 	 	 	
3	Gross Cost		2,060,356	1,884,022	176,334		 	 	
4	Cost per Unit		2,000,000				1000		
5	SMA per Unit			384.10 473.85	35,95 473.85	ļ	}	}	
6	Published Charge per Unit			457.83	457.83		 	 	
7	Negotiated Rate / Cost per Unit				- 1911.99			 	
8		07/01/02 - 09/30/02		896	<u> </u>				
8A	Medi-Cal Units	10/01/02 - 06/30/03		2,560					
9		07/01/02 - 09/30/02		2,300	<u>-</u>	 	 	 	
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03					 		
10	Faharand CD MC (Oblidant) Main	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		5				1	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1					
11A		10/01/02 - 06/30/03		3				L	
12	Non-Medi-Cal Units	on Tourist will be to a		1,440	4,905	· 		 	
13	Modi Cal Casts	07/01/02 - 09/30/02	344,156	344,156				1	
13A	Medi-Cal Costs	10/01/02 - 06/30/03	983,302	983,302					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	424,570	424,570					
14A		10/01/02 - 06/30/03	1,213,056	1,213,056			<u> </u>	 	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	410,216	410,216		<u></u>	ļ		
15A 16	_ 	10/01/02 - 06/30/03 07/01/02 - 09/30/02	1,172,045	1,172,045		L		 -	
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	 				 	 	├ -
1200	<u>-5000000000000000000000000000000000000</u>								
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					<u> </u>		
17A 18		10/01/02 - 06/30/03 07/01/02 - 09/30/02						 	├
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	 				 		
19		07/01/02 - 09/30/02	 			ļ		 -	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	1						
20	Madisara Madi Cal Carana and Nasadiated Dates	07/01/02 - 09/30/02	<u> </u>						
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02				14141214141414141414		<u> </u>	1
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	1,921	1,921			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
22	Enhanced SDMC SMA Honey Limits	07/01/02 - 09/30/02						l	
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	2,369	2,369					1
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	2,289	2,289					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	 					ļ	
24A		10/01/02 - 06/30/03	<u> </u>					la transferance and the	1.00.00000
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						L	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03		,		 	ļ. 	<u> </u>	.
29	Healthy Families Casts	07/01/02 - 09/30/02	384	384					
29A	Healthy Families Costs	10/01/02 - 06/30/03	1,152	1,152					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	474	474					
30A	Total Tarinios ora Copper Errita	10/01/02 - 06/30/03	1,422	1,422					
31	Healthy Families Published Charges	07/01/02 - 09/30/02	458	458			 	_	
31A	,	10/01/02 - 06/30/03	1,373	1,373		L	 	 	
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02	 +		<u> </u>		 	 	
		10/01/02 - 06/30/03					<u> </u>		
33	Non-Medi-Cal Costs		729,441	553,107	176,334	L		L	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: BUTTE

	County Code: 04			CR	CR				
	Legal Entity: BUTTE COUNTY		A	В	С	D	E_	F	G
Leg	al Entity Number: 00004			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
ļ.—	Allocation Percentage		100 000	85 30.04%	95 69.96%				
2	Total Units		100.00%	3,525	5,493				
3	Gross Cost		376,010	112,968	263,042				
4	Cost per Unit			32.05	47.89				
5	SMA per Unit			177.60	115.14				
6	Published Charge per Unit			77.06	111.25				
7	Negotiated Rate / Cost per Unit								
8	ina, arang garang ang panggarang arang br>Bibarati California	07/01/02 - 09/30/02		1,129	79				
8A	Medi-Cal Units	10/01/02 - 06/30/03		1,579	4,556				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03						<u> </u>	<u> </u>
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						 	
10A	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03 07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02		17					
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03		27	209				
12	Non-Medi-Cal Units			773	649				
13		07/01/02 - 09/30/02	39,965	36,182	3,783				
13A	Medi-Cal Costs	10/01/02 - 06/30/03	268,775	50,603	218,172				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	209,606	200,510	9,096				
14A	Medi-Cai Sivia Opper Links	10/01/02 - 06/30/03	805,008	280,430	524,578				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	95,789	87,001	8,789				
15A		10/01/02 - 06/30/03	628,533	121,678	506,855				
16 16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	 	. — . — .					
نننا	<u></u>		Total Control of the				araiga atta at	2012000000	
17	dicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						 	
17A		10/01/02 - 06/30/03 07/01/02 - 09/30/02	├						
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03	 						
19		07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	E-1	07/01/02 - 09/30/02							
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A	Comprised States States Specialists	10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	ļ						
23A 24		10/01/02 - 06/30/03 07/01/02 - 09/30/02	 					 	}
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	 					 	
1.10					regional agree		ranga tantan		
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	 					 	
26 27	Enhanced SD/MC (Refugees) SMA Upper Limits Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03				 -	<u> </u>	 	 -
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	 		<u> </u>			 	
29				-45				<u>Lauraga</u>	
29 29A	Healthy Families Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	545 10,874	545 865	10,008	 	 -	 	 -
30		07/01/02 - 09/30/02	3,019	3,019	70,000			 	
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	28,859	4,795	24,064				
31	Healthy Camilles Bublished Charges	07/01/02 - 09/30/02	1,310	1,310					
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	25,332	2,081	23,251				
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						ļ	└ ───┤
32A		10/01/02 - 06/30/03			l Designation) () (2) (1) (1)	 	100 100 TO 100 100 100 100 100 100 100 100 100 10	<u> </u>
33	Non-Medi-Cal Costs		55,851	24,773	31,079				
_									

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DETAIL COST REPORT

	County: BUTTE												
	County Code: 04			CR	CR	CR	CR	CR	CR	CR	CR	CR	CR
	Legal Entity: BUTTE COUNTY		Α	В	С	D	E	F	G	н		J	K
Leg	Mode: 15 - Outpatient (Program 1)		Mode Total	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
-	Mode: 15 - Outpatient (Program 1)		Mode Fotal	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function
, , ,	Allocation Percentage		100.00%	2.77%	10 11 27%	7.53%	31 16.89%	32 21,70%	6.64%	34 9.67%	58 0,04%	60 18,75%	70 4 74%
	Total Units		700.00%	348,610	1,255,701	839,196	1,881,148	2.417.655	739 351	1.077.706	4.813	1.000.690	348.969
3	Gross Cost		17,467,199	483,058	1,968,932	1,315,855	2,949,630	3,790,869	1,159,298	1,689,837	7,547	3,274,991	827,182
	Cost per Unit						1.4.7.1.1.1.1.1.1.1		10,000,000,000				1.1 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
-	SMA per Unit			1.39	1.57 2.28	1.57 2.28	1.57	1.57	1.57 2.28	1,57 2,28	1.57	3.27 4.23	2.37
٦	Published Charge per Unit			1.52	1.72	1.72	1.72	1.72	1.72	1.72	2.28 1.72	3.59	2.60
7	Negotiated Rate / Cost per Unit						'			1.72		3.30	2.00
-													
8	Medi-Cal Units	07/01/02 - 09/30/02		70,013	276,545	144,119	307,797	459,731	143,249	197,742	550	170,039	52,247
8A 9		10/01/02 - 06/30/03		231,821	778,653	423,973	1,039,666	1,620,489	355,253	465,092	3,609	594,094	182,026
	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					1,395		1,070			5,985	65
9A		10/01/02 - 06/30/03			4.007	365	5,515	2 800	2,376	2 220		31,726	205
10 10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03		510	4,897 7,353	805 5,220	3,619 5,166	2,800 4,027	1,172	2,239 4,488		1,097	245
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		90	30	5,220	630	150	148	705		185	2,180
11		07/01/02 - 06/30/03		60	5,474	5,490	6,752	6,204	4,137	6,337		1.077	1,120
1114	Healthy Families (SED) Units	10/01/02 - 06/30/03		844	24,373	14,530	25,510	36,956	21,229	17,355	45	6,238	6,899
12	Non-Medi-Cal Units	10001102 - 00130103		45.272	158,376	244,634	485,098	287,298	210,497	383,748	609	188,953	104,002
					operations:	Name and Post Office and Party of the Party							
13	Medi-Cal Costs	07/01/02 - 09/30/02	3,175,957	97,015	433,621	225,978	482,624	720,856	224,613	310,058	862	556,492	123,837
13A		10/01/02 - 06/30/03	10,045,755	321,227	1,220,923	664,787	1,630,191	2,540,917	557,035	729,262	5,659	1,944,311	431,442
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	4,509,141	123,923	630,523	328,591	701,777	1,048,187	326,607	450,852	1,254	719,265	178,162
14A		10/01/02 - 06/30/03	14,229,805	410,323	1,775,329	966,658	2,370,438	3,694,715	809,977	1,060,410	8,229	2,513,018	620,709
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	3,483,842	106,420	475,657	247,885	529,411	790,737	246,388	340,116	946	610,440	135,842
15A		10/01/02 - 06/30/03	11,019,617	352,368	1,339,283	729,234	1,788,226	2,787,241	611,035	799,958	6,207	2,132,797	473,268
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02			_								
16A		10/01/02 - 06/30/03							المحتجزية ومرودي				
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	23,506				2.187		1,678			19,587	154
17A	wiedreal challed Total Crossover Costs	10/01/02 - 06/30/03	117,262			572	8,647		3,726			103,831	486
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	31,158				3,181		2,440			25,317	222
18A		10/01/02 - 06/30/03	153,724			832	12,574		5,417			134,201	699
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	25,895				2,399		1,840	1		21,486	169
19A		10/01/02 - 06/30/03	128,630		<u></u>	628	9,486		4,087			113,896	533
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03						 				 	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	28,525		7,678	1,262	5,675	4,390	1,838	3,511		3,590	581
21A	Emanced abrino custs	10/01/02 - 06/30/03	51,626	707	11,529	8,185	8,100	6,314	345	7,037		4,241	5,167
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	40,889		11,165	1,835	8,251	6,384	2,672	5,105		4,640	835
22A	Emerged Course office oppositioning	10/01/02 - 06/30/03	74,179	903	16,765	11,902	11,778	9,182	502	10,233		5,482	7,434
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	31,290		8,423	1,385	6,225	4,816	2,018	3,851		3,938	637
23A		10/01/02 - 06/30/03	58,631	775	12,647	8,978	8,886	6,926	378	7,719		4,653	5,668
24	Enhanced SO/MC Negotiated Rates	07/01/02 - 09/30/02											
24A	Elizabeth applied isolated isolate	10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	3,432	125	47	94	988	235	232	1,105		605	<u> </u>
26	Enhanced SD/MC (Refugees) SMA Upper Limits		4,870	159	68	137	1,436	342	337	1,607		783	
27	Enhanced SD/MC (Refugees) Published Charges		3,765	137	52	103	1.084	258	255	1,213		664	
28		07/01/02 - 06/30/03								,,,,,,,			
			201		اجراجت				تينينت				
29	Healthy Families Costs	07/01/02 - 09/30/02	60,192	83	8,583	8,608	10,587	9,728	6,487	9,936		3,525	2,655
29A		10/01/02 - 06/30/03	257.453	1,170	38,217	22,783	40,000	57,947	33,287	27,213	71	20,415	16,352
30 30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	86,899	106	12,481 55,570	12,517	15,395	14,145	9,432	14,448 39,569	100	4,556 26,387	3,819
3UA 31		10/01/02 - 06/30/03 07/01/02 - 09/30/02	370,602	1,494		33,128 9,443	58,163	84,260	48,402 7,116	10,900	103	3,866	23,526
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	66,027 282,411	1,283	9,415 41,922	24,992	11,613 43,877	10,671 63,564	36,514	29,851	77	22,394	2,912 17,937
31A		07/01/02 - 09/30/02	202,411	1,203	71822	24,882	+3,011	U3,304	30,314	28,031		22,384	11,937
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03								⊢			
1264													
33	Non-Medi-Cal Costs		3,703,391	62,732	248,333	383,585	760,631	450,482	330.056	601,715	955	618,393	246.508

33 Non-Medi-Cal Costs

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: BUTTE ASO ASO MHS MHS MHS MHS County Code: 04 Legal Entity: BUTTE COUNTY A B \overline{c} D G Legal Entity Number: 00004 Service Service Service Service Service Service Mode Total Mode: 15 - Outpatient (Program 2) **Function** Function Function Function Function Function 30 60 31 32 60 30 Allocation Percentage 100.00% 11.50% 2.04% 29.24% 2.26% 18.48% 36.47% Total Units 7,500 444 20,601 1,475 12,022 11,118 Gross Cost 65,190 7,500 1,332 19,063 1,475 12,046 23,774 Cost per Unit 1.00 3.00 0.93 1.00 1.00 2.14 SMA per Unit 2.28 4.23 2.28 2.28 2.28 4.23 Published Charge per Unit Negotiated Rate / Cost per Unit 1,115 07/01/02 - 09/30/02 150 3,465 2,623 2.830 Medi-Cal Units 88 10/01/02 - 06/30/03 6.325 251 15,802 1,475 8.079 8.002 9 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Units 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC Units 10A 965 246 10/01/02 - 06/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 07/01/02 - 09/30/02 92 Healthy Families (SED) Units 11A 10/01/02 - 06/30/03 187 12 Non-Medi-Cal Units 60 43 369 1,041 40 07/01/02 - 09/30/02 13,451 1,115 450 3,206 2,628 6,051 Medi-Cal Costs 13A 10/01/02 - 06/30/03 48.381 6.325 753 14,622 1,475 8.095 17.111 14 07/01/02 - 09/30/02 29.028 2.542 635 7,900 11,971 5,980 Medi-Cal SMA Upper Limits 14A 10/01/02 - 06/30/03 107,143 14,421 1,062 36,029 3,363 18,420 33,848 15 07/01/02 - 09/30/02 Medi-Cal Published Charges 15A 10/01/02 - 06/30/03 16 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 17 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Costs 17A 10/01/02 - 06/30/03 18 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 18A 19 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/02 - 06/30/03 20 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC Costs 10/01/02 - 06/30/03 1.419 893 526 07/01/02 - 09/30/02 Enhanced SD/MC SMA Upper Limits 22A 10/01/02 - 06/30/03 3,241 2,200 1.041 07/01/02 - 09/30/02 Enhanced SD/MC Published Charges 23A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC Negotiated Rates 10/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 07/01/02 - 09/30/02 92 92 Healthy Families Costs 29A 10/01/02 - 06/30/03 187 187 30 07/01/02 - 09/30/02 210 210 Healthy Families SMA Upper Limits 30A 10/01/02 - 06/30/03 426 426 31 07/01/02 - 09/30/02 lealthy Families Published Charges 31A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 32 lealthy Families Negotiated Rates 10/01/02 - 06/30/03

1,659

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341

1,043

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DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: BUTTE County Code: 04

CR CR Legal Entity: BUTTE COUNTY В C É F Ğ Ā D Legal Entity Number: 00004 Service Service Service Service Service Service Mode: 45 - Outreach Mode Total **Function Function** Function Function Function Function 10 11 Allocation Percentage 100.00% 93.83% 6.17% Total Units 1.458 14.746 **Gross Cost** 73,200 1,186,245 1,113,045 Cost per Unit 75.48 50.21 Non-Medi-Cal Units 14,746 1,458 Non-Medi-Cal Costs 1,186,245 1,113,045 73,200

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL **DETAIL COST REPORT** MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: BUTTE

County Code: 04

MAA

	Legal Entity: BUTTE COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00004		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
		·	17					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		12,410		1			
3	Total Expenditures	5,425	5,425					
4	Cost per Unit		0.44					
5	Non-Medi-Cal Costs	714						

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: BUTTE

County Code: 04

CR CR CR CR

	Legal Entity: BUTTE COUNTY	A	В	C	D	E	F	G
Le	gal Entity Number: 00004		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		T	20	30	61	64		
1	Allocation Percentage	100.00%	46.08%	0.01%	5.82%	48.09%		
2	Total Units		6,210	2	6,205			
3	Gross Cost	1,039,788	479,110	154	60,524	500,000		
4	Cost per Unit		77.15	77.00	9.75			
5	Non-Medi-Cal Units (Same as Line 2)		6,210	2	6,205			
6	Non-Medi-Cal Costs (Same as Line 3)	1,039,788	479,110	154	60,524	500,000		



DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County BUTTE												
County Code: 04		1		REIMBURS	EMENT TYPE	PC		Costs			Costs	
Legal Entity: BUTTE COUNTY Legal Entity Number: 00004		_ A	<u> </u>		<u> </u>	EE	F	G	н	Total	- J	_K Total
Logar Ermy Warner Good			Mode 55		Total	inpatient				Outpatient		Outpatient
		F 5 12 01 00	S. F.'s 11-19, 31-39	6 5 5 34 30	MAA	Mode 05-	Mode 05-All	Marks 10	Mode 15	Exclude	Mode 15	(Col 1 + Col J)
1 Medi-Cal Costs	07/01/02 - 09/30/02	S.F.'s 01-09	31-39	S.F s 21-29		Hospital	Other 344,156	Mode 10 39,965	Program (1) 3,175,957	Program (2) 3,560,077	Program (2) 13,451	3,573,528
1A Medi-Cai Costs	10/01/02 - 06/30/03						983,302	268,775	10,045,755	11,297,832	48,381	11,346,213
Medi-Cal SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						424,570	209,606	4,509,141	5,143,317 16,247,869	29,028 107,143	5,172,345 16,355,012
3 Nation B C	07/01/02 - 09/30/02					 	1,213,056 410,216	805,008 95,789	14,229,805 3,483,842	3,989,848	107,143	3,989,848
3A Medi-Cal P. C.	10/01/02 - 06/30/03						1,172,045	628,533		12,820,195		12,820,195
4 Medi-Cal N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 -						
						<u> </u>						
5 Medi-Cal Gross Reimbursement	10/01/02 - 09/30/02	#12111712.71111 #12111717171717		Option and state.			344,15 <u>6</u> 983,302	39,965 268,775	3,175,957 10,045,755	3,560,077 11,297,832	13,451 48,381	3,573,528 11,346,213
	. În investigat de la company de la comp					<u></u>	963,302	200,773	12.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	, * , * , * , * , * , * , * , * , * , *	40,361	************* <u>*</u> *
Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						1		23,606 117,262	23,606 117,262		23,606 117,262
7 Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02								31,158	31,158		31,158
7A Wedicare/Wedi-Car Clossover SWA	10/01/02 - 06/30/03						ļ		153,724	153,724		153,724
8A Medicare/Medi-Cal Crossover P C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03								25,895 128,630	25,895 128,630		25,895 128,630
9 Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02								.20,530			
9A Medicare Medicar Crossover IV. N	10/01/02 - 06/30/03	January 1										100000000000000000000000000000000000000
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								23,606	23,606		23,606
10A	10/01/02 - 06/30/03						1		117,262	117,262		117,262
11 Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02						344,156	39,965	3,199,563	3,583,684	13,451	3,597,135
114	10/01/02 - 06/30/03						983,302	268,775	10,163,017	11,415,094	48,381	11,463,475
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						1 004		28,525 51,626	28,525 53,547	1,419	28,525
12	07/01/02 - 09/30/02						1,921		40,889	40,889	1,419	54,966 40,889
13A Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03						2,369		74,179	_76,549	3,241	79,789
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								31,290	31,290		31,290
14A Linearced SD/MC (Children) N. R.	10/01/02 - 06/30/03 07/01/02 - 09/30/02						2,289		56,631	58,920		58,920
15A Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03											
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02						1	<u> </u>	28,525	28,525	**************************************	28,525
16A Entrailed Spine (Crimically Gross Reint	10/01/02 - 06/30/03						1,921		51,626	53,547	1,419	54,966
17 Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03								3,432	3,432		3,432
18 Enhanced SD/MC (Refugees) SMA 19 Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03						 	-	4,870 3,765	4,870 3,765		4,870 3,765
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03					 -	 		3,765	3,765		3,/63
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					7	344,156	39,965	3,228,088	3,612,209	13,451	3,625,660
21A (Excludes Refugees)	10/01/02 - 06/30/03						985,223	268,775	10,214,643	11,468,641	49,800	11,518,441
22 Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03								3,432	3,432		3,432
23 Healthy Families Cost	07/01/02 - 09/30/02						384	545	60,192	61,121	92	61,213
23A	10/01/02 - 06/30/03						1,152	10,874	257,453	269,479	187	269,666
24 Healthy Families SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						1,422	3,019 28,859	86,899 370,602	90,392	210 425	90,602 401,309
25 Healthy Families P. C.	07/01/02 - 09/30/02						458	1,310	66,027	67,795		67,795
[25A]	10/01/02 - 06/30/03						1,373	25,332	282,411	309,117		309,117
26 Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						+			 -		
27	07/01/02 - 09/30/02	4			H : : : : : : : : : : : : : : : : : : :		204	£4¢	60 102	61 121		61 212
27 Healthy Families Gross Reim.	10/01/02 - 06/30/03		 				384 1,152	545 10,874	60,192 257,453	61,121 269,479	92 187	61,213 269,666
Less: Patient and Other Payor Revenues												
28 SD/MC + Crossover Revenues	07/01/02 - 09/30/02						ļ		17,383	17,383		17,383
28A 29 Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03					 	1,015	6,661	44,324	52,000		52,000
30 Enhanced SD/MC (Refugees) Revenues												
31 Healthy Families Revenues												
32 Total Expenditures from MAA (Mode 55)			5,425		5,425							
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA			86.	84%								
	107/04/00	4			 							
35 Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1915-1915-1915	4,711		4,711	 	344 156 984 208	39,965 262,114	3,210,705 10,170,319	3,594,826 11,416,641	13,451 49,800	3,608,277 11,466,441
36 Net Due - Enhanced SD/MC (Refugees)									3,432	3,432		3,432
37 Net Due - Healthy Families	07/01/02 - 09/30/02						384	545	60,192	61,121	92	61,213
[37A]	10/01/02 - 06/30/03						1,152	10,874	257,453	269,479	187	269,666
Amount Negotiated Rates Exceed Costs	107/01/02 00/20/02							jadd Diffi.				<u> </u>
38 SD/MC (Includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03	11.11.11.11.11.11.11.11.11.11.11.11.11.				 	 			 		
39 Enhanced SD/MC (Refugees)												
40 Healthy Families	07/01/02 - 09/30/02	Triderical a					_		-			
40A	10/01/02 - 06/30/03	<u> patagos al al</u>	<u> </u>	<u>ga sa Jannia</u>	<u> </u>	1			<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

FFP % FFP % County: BUTTE Source: Source: County Code: 04 MH1978 E8 MH1978 F8 Legal Entity: BUTTE COUNTY В С D G Legal Entity Number: 00004 51,40% Total Total Total 50% 51.46% Variable % 75% Total FFP FFP FFP MAA Inpatient Outpatient Total FFP **FFP** FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement 15,147,533 15,147,533 Contract Provider Medi-Cal Direct Service Gross Reimbursement 380.104 2,564,295 2.944.399 Total Medi-Cal Direct Service Gross Reimbursement 18,091,932 Medi-Cal Administrative Reimbursement Limit 2,713,790 Medi-Cal Administration 2,603,098 Medi-Cal Administrative Reimbursement 2,603,098 1,301,549 1,301,549 Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement 348,150 348,150 Healthy Families Administrative Reimbursement Limit 34.815 9 Healthy Families Administration 38,703 10 Healthy Families Administrative Reimbursement 34,815 22,717 22,717 SD/MC Net Reimbursement for MAA 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 4,711 4,711 2,356 2,356 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 67,353 50,515 50,515 15 Other SD/MC Utilization Review (County Only) 12.859 6,430 6,430 07/01/02 - 09/30/02 3,579,752 3,579,752 1,839,992 1.839.992 SD/MC Net Reimbursement for Direct Services 16A 10/01/02 - 06/30/03 11,411,475 11,411,475 5,872,466 5,872,466 07/01/02 - 09/30/02 28,525 18,821 17 28,525 18,821 Enhanced SD/MC Net Reimb. (Children) 17A 10/01/02 - 06/30/03 54,966 54,966 35,728 35,728 18 Enhanced SD/MC Net Reimb. (Refugees) 3,432 3,432 3,432 3,432 19 Total SD/MC Reimbursement Before Excess FFP 9,131,288 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 9,131,288 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 9,131,288 07/01/02 - 09/30/02 40,388 40,388 61,213 61,213 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 269,666 175,283 175,283 269,666 25 Total Healthy Families Reimbursement Before Excess FFP 238.388 26 Amount Negotiated Rates Exceed Costs - Healthy Families 27 Total Healthy Families Reimbursement 238,388